

Appr. No. 09/993,055
Response dated December 1, 2003
Response to Office action of October 1, 2003



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DEC 04 2003

TC 1700

Appl. No. : 09/993,055
Confirmation No. : 9029
Applicant : James S. W. Lee, et al.

Filed : November 6, 2001
Title : JOINTED LINKAGE
SUPPORT SYSTEM

TC/A.U. : 1722
Examiner : Emmanuel S. Luk

Docket No. : 200801-9003

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Signature

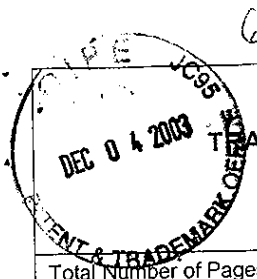
Date of Signature

**RESPONSE TO FINAL REJECTION AND
REQUEST FOR RECONSIDERATION**

Sir:

In response to the Office action of October 1, 2003, please reconsider the rejections in light of the following remarks:

Remarks begin on page 2 of this paper.

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TRANSMITTAL
FORM

Application Number 09/993,055
Filing Date 11/06/2001
First Named Inventor James S. W. Lee
Art Unit 1722
Examiner Name Emmanuel S. Luk
Attorney Docket Number 200801-9003

Total Number of Pages in This Submission

4

ENCLOSURES (check all that apply)

- ☒ Amendment/Reply
☐ Before Final
☒ After Final
☐ Affidavits/Declarations
☐ Information Disclosure Statement
☐ PTO-1449 Form(s)
☐ Cited References
☐ Certified Copy of Priority Document
☐ Response to Missing Parts/Incomplete Application
☐ Terminal Disclaimer
☐ Status Letter
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PETITION FOR EXTENSION OF TIME

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

- ☐ Applicant(s) claims small entity status under 37 CFR 1.27.
☐ Applicant(s) petitions for a ___-month extension of time and pay the fee of (37 CFR 1.17(a)(1)-(5)).
☐ Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES

- ☐ No additional claim fee is required.

				Small Entity		Large Entity	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	-		=	x 9=	\$	x 18=	\$
Independent	-		=	x 43=	\$	x 86=	\$
				+ 145=	\$	+ 290=	\$

- ☐ First Presentation of Multiple Claim

ENCLOSED FEES

- ☐ Additional Claim Fee
☐ Extension fee for one-month
☐ Information Disclosure Statement
☐ Surcharge for Missing Parts - Declaration
☐ Terminal Disclaimer

TOTAL FEES ENCLOSED \$

PAYMENT OF FEES

- ☐ A check in the amount of \$ _____ is enclosed.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.
☐ The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$ _____

SIGNATURE OF ATTORNEY

Thomas S. Reynolds II, Reg. No. 45,262
MICHAEL BEST & FRIEDRICH, LLC
401 North Michigan Avenue
Suite 1900
Chicago, Illinois 60611
Telephone: (312) 222-0800
Facsimile: (312) 222-0818

Thomas S. Reynolds II
Signature

Date: December 1, 2003

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name

Nancy K. Thompson

Signature

Nancy K. Thompson

Date: December 1, 2003